

S.U

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Joshua E. CLAPPER et al.

Title:

BASSINET AND CHANGING

TABLE ASSEMBLY

Appl. No.:

Unknown

Filing Date:

03/25/2004

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Joshua E. CLAPPER 565 Hidden Valley Road King of Prussia, PA 19406

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] Applicant claims small entity status under 37 CFR 1.27.



- [X] Specification, Claim(s), and Abstract (7 pages).
- [X] Formal drawings (7 sheets, Figures 1-7).
- [X] Unexecuted Declaration and Power of Attorney (4 pages).
- [] Assignment of the invention to Graco Children's Products Inc.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO/SB/08 with copies of ___ listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).
- [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims	Includ	led Extr	a	Rate		Fee
	as	in	Clai	ms			Totals
	Filed	Basic 1	Fee				
Basic Fee					\$770.00	=	\$770.00
Total Claims:	4	- 20	= 0	X	\$18.00	=	\$0.00
Independents:	2	- 3	= 0	X	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present:				+	\$290.00	=	\$0.00
Surcharge unde	r 37 CFR	1.16(e) for	late filing of	+	\$130.00	=	\$130.00
Executed Decla	ration and	late payme	ent of filing f	ee		_	
					SUBTOTAL:	=	\$900.00
[]		Small En	tity Fees App	ly (subtrac	t ½ of above):	=	\$0.00
				TOTAL	FILING FEE:	=	\$900.00

- A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date march 25 2004

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By many michelle Kile

Mary Michelle Kile Attorney for Applicant Registration No. 35,217